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|   |                  |                          |                        |
|---|------------------|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> |                  | <b>Complete If Known</b> |                        |
| <b>FEE TRANSMITTAL</b><br><b>For FY 2009</b>  |                  | Application Number       | 07/839,194-Conf. #6108 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |                  | Filing Date              | February 20, 1992      |
|   |                  | First Named Inventor     | Katherine Gordon       |
|   |                  | Examiner Name            | D. A. Montanari        |
|   |                  | Art Unit                 | 1632                   |
| TOTAL AMOUNT OF PAYMENT   | (\$)<br>1,650.00 | Attorney Docket No.      | G0744.70042US07        |

**METHOD OF PAYMENT** (check all that apply)

|  |   |                                      |                               |   |
|--|---|--------------------------------------|-------------------------------|---|
| <input type="checkbox"/> Check           | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input type="checkbox"/> Deposit Account | Deposit Account Number: 23/2825                 |                                      |                               | Deposit Account Name: Wolf, Greenfield & Sacks, P.C.    |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

|  |   |
|--|---|
| <input type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                              | <u>SEARCH FEES</u> |                              | <u>EXAMINATION FEES</u> |                              | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>         | <u>Small Entity Fee (\$)</u> |                       |
| Utility                 | 330                | 165                          | 540                | 270                          | 220                     | 110                          |                       |
| Design                  | 220                | 110                          | 100                | 50                           | 140                     | 70                           |                       |
| Plant                   | 220                | 110                          | 330                | 165                          | 170                     | 85                           |                       |
| Reissue                 | 330                | 165                          | 540                | 270                          | 650                     | 325                          |                       |
| Provisional             | 220                | 110                          | 0                  | 0                            | 0                       | 0                            |                       |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

| <u>Small Entity</u> |
|---------------------|
| 52                  |
| 220                 |
| 390                 |

Each independent claim over 3 (including Reissues)

| <u>Fee (\$)</u> | <u>Fee (\$)</u> |
|-----------------|-----------------|
| 26              |                 |
| 110             |                 |
| 195             |                 |

Multiple dependent claims

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u>     |
|---------------------|---------------------|-----------------|----------------------|--------------------------------------|
| - or HP =           | x                   | =               |                      | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
| - or HP =            | x                   | =               |                      |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | /50 =               | (round up to a whole number) x                          | =               |                      |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month  
1401 Notice of appeal1,110.00  
540.00

|                     |                    |  |                                      |               |
|---------------------|--------------------|--|--------------------------------------|---------------|
| <b>SUBMITTED BY</b> |                    |  |                                      |               |
| Signature           |                    |  | Registration No.<br>(Attorney/Agent) | 36,276        |
| Name (Print/Type)   | Michael T. Siekman |  | Telephone                            | 617.646.8000  |
|                     |                    |  | Date                                 | April 5, 2010 |

**Certificate of Electronic Filing Under 37 CFR 1.8**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: April 5, 2010

Signature: